



Town of Smyrna

DAVID S. HUGG III, TOWN MANAGER

Direct Debit Plan Request

I authorize the Town of Smyrna to automatically debit my bank account monthly* under the Direct Debit Plan. I understand that this agreement may be terminated by me at any time in writing. Any incorrect charges will be corrected upon notification to the Town of Smyrna. If corrections are necessary, it may result in a credit or debit to my account.

Authorized Signature _____ Date _____

Customer Information (please print clearly):**

Name _____

Address _____

City _____ State _____ Zip _____

Account Number _____ - _____ Phone Number (_____) _____ - _____

Financial Institution Information:

Name _____

Address _____

City _____ State _____ Zip _____

Routing #: _____ Account # _____

Phone Number (_____) _____ - _____

* If the request is received after the 1st of the month, Direct Debit will take effect the following month.

** Incomplete or illegible forms will not be processed.

REGINA I. BROWN · ANTHONY H. DEFEO · ROBERT M. NOVOTNY · WILLIAM C. RAYNOR · ROBERT L. RIDDAGH · VALERIE M. WHITE
27 SOUTH MARKET STREET PLAZA · P.O. BOX 307 · SMYRNA, DELAWARE 19977